Envisions Eyecare Centers, Inc

Elegance N Eyewear Boutique

Dr. John S. Corvese and Associates
Dr. Jay P. Kile Dr. Harrison Smiley
Dr. Peter Liberto Dr. Maria Serio
www.envisionseyecare.com

EAST PROVIDENCE	PROVIDENCE	CRANSTON	WEST WARWICK	NORTH PROVIDENCE
1970 Pawtucket Avenue	319 Pocasset Avenue	868 Reservoir Avenue	328 Cowesett Avenue	1543 Smith Street
East Providence, RI 02914	Providence, RI 02909	Cranston, RI 02910	West Warwick, RI 02893	North Providence, RI 02911
(401) 438-1166 (Tel.)	(401) 942-1444 (Tel.)	(401) 942-9933 (Tel.)	(401) 821-4300 (Tel.)	(401) 353-2010 (Tel.)
(401) 438-1614 (Fax)	(401) 223-7149 (Fax)	(401) 270-2491 (Fax)	(401) 381-0084 (Fax)	(401) 353-0380 (Fax)

Medical Information Request/Release Authorization

Patient Name: _____ DOB: _____

Address: _____

I hereby authorize _____ to disclose and release all medical information to:

- ❑ Envisions Eyecare Centers, Inc
- ❑ Other entity indicated below

_____

_____

_____

I understand that my records are maintained in accordance with Family Education Rights and Privacy Act and the General Laws of Rhode Island and cannot be disclose without my written consent except as otherwise specifically provided by Law.

Any information released or received as result of this consent shall not be further relayed in any way to any other person, organization, entity or other without an additional written consent from me.

I may withdraw this consent by giving written notification to the above party at any time prior to disclosure of release of the information. In the absence of my prior withdrawal, this consent will expire 90 days after it is signed.

I have read this notice and consent prior to signing and understand its contents.

Patient Signature _____

Witness _____

Date _____

FOR HEALTH CARE USE ONLY

DATE RELEASE SENT _____ REVIEWED BY _____

DATE OF INFORMATION RECEIVED _____